



1652

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PATENT
Attorney Docket No.: 019957-011212US
Client Ref. No.: NEO00018C1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 9, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Paulson et al.

Application No.: 10/081,455

Filed: February 21, 2002

For: PRACTICAL IN VITRO
SIALYLATION OF RECOMBINANT
GLYCOPROTEINS

Customer No.: 20350

Confirmation No. 3039

Examiner: Manjunath Rao

Technology Center/Art Unit: 1652

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 10, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/081,455
		Filing Date	February 21, 2002
		First Named Inventor	Paulson, James C.
		Art Unit	1652
		Examiner Name	Manjunath Rao
Total Number of Pages in This Submission	7	Attorney Docket Number	019957-011212US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard; Amendment in response to Office Action mailed March 10, 2004 (6 pgs.).
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Beth L. Kelly Reg. No. 51,868	
Signature		
Date	04/09/2004	

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Dana Kane		
Signature		Date	04/09/2004